Town of Manchester, Connecticut

BENEFIT	High Deductible Health Plan/	BENEFIT	High Deductible Health Plan/	
Costshares	Health Savings Account	Inpatient Hospital	Health Savings Account	
Josephal Ga	Deductible - \$2,000/\$4,000	General/Medical/Surgical/	Pre-cert only for Out-of-Network	
	Coinsurance - 100% after plan deductible met	Maternity (Semi-private)	Covered 100% after plan deductible met	
	for in network services	materinty (Jenn private)	33Vored 10070 diter plan deddetible met	
	\$4,000/\$8,000 out of pocket maximum	Ancillary Services	Covered 100% after plan deductible met	
	Coinsurance - 80% after plan deductible met	Medication, Supplies	Table 1211 2101 plan addation mot	
	for out of network services			
-		Psychiatric	Covered 100% after plan deductible met	
-			Unlimited days	
		Skilled Nursing/Rehabilitation	Covered 100% after plan deductible met	
		Facility	Covered up to 180 days per calendar year	
	Lifetime Maximum In-Network - Unlimited	Hospice	Covered 100% after plan deductible met	
	Lifetime Maximum Out-Of-Network - Unlimited			
Preventive Care		Outpatient Hospital		
Pediatric	Covered	Outpatient Surgery	Covered 100% after plan deductible met	
		Facility Charges	(Prior Authorization Required)	
Adult	Covered	Diagnostic Lab & X-ray	Covered 100% after plan deductible met	
Hearing	Covered	Pre-Admission Testing	Covered 100% after plan deductible met	
	Screening part of physical exam			
Gynecological	Covered	Other Services		
		Durable Medical Equipment	Covered 100% after plan deductible met	
Medical Services				
Medical Office Visit	Covered 100% after plan deductible met	Prosthetics	Covered 100% after plan deductible met	
O. to allow the DT /OT /OT /OT /	Coursed 1000/ of tendent de la	Harry H. W. A	0	
Outpatient PT/OT/ST/Chiro.	Covered 100% after plan deductible met	Home Health Care	Covered 100% after plan deductible met	
	60 Combined Days		Unlimited days	
	per calendar year per member	Violar	(Prior Authorization Required)	
Alloway Comicos	Coursed 1000/ often plan deducable and	Vision	Covered 100% after plan deductible met	
Allergy Services	Covered 100% after plan deductible met		Covered once every 24 months	
		Descriptions	After a les de destable le le mant	
Diagnostic Lab 9 V rou	On and 1000/ offers also deductible and	Prescriptions	After plan deductible is met	
Diagnostic Lab & X-ray	Covered 100% after plan deductible met		applicable Rx copays \$5/\$10/\$20	
			Three Tier Formulary RX Rider	
Inpatient Medical Services	Covered 100% after plan deductible met		THE THE FORTHURALLY NA NIGE	
Impatient Medical Services	covered 10076 arter plan deductible filet	* All benefits listed are for In-Network. For Out-of-Network benefits,		
		please refer to your Employee Benefit Summary.		
Surgery Fees	Covered 100% after plan deductible met	picase relei to your Employee Be	chem Julillary.	
Office Surgery	Sovered 10070 arter plan deductible filet	** Plan is Non-Gatekeener No	referrals are required. No primary	
			** Plan is Non-Gatekeeper. No referrals are required. No primary care physician is required.	
	Covered 100% after plan deductible met	ouro priyaidan ia required.	Sure priyorduri to required.	
omee surgery	Sovered 10070 diter plan deductible filet	STATE MANDATES enacted prior	to 1/1/15 are included.	
		5 E MANUE O CHARGE PHO	/ 0 410 110/4404/	
Outpatient MH/SA	Covered 100% after plan deductible met			
	The state of the s			
Emergency Care				
Emergency Room	Covered 100% after plan deductible met			
Urgent Care	Covered 100% after plan deductible met			
	22.2.24 10070 drest plant doddoninio mos			
Ambulance	Covered 100% after plan deductible met			
Ambulance	The state of the s			
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Matrix CIGNA HDHP-HSA Police Effective 07/01/2015